



**OLIVE BRANCH POLICE DEPARTMENT**  
**CITIZENS ACADEMY**  
**CLASS #24**  
*Don Gammage, Chief of Police*

***ENROLLMENT APPLICATION***

Date: \_\_\_\_\_

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Occupation: \_\_\_\_\_ Race: \_\_\_\_\_

List all States of Past Residence:  
\_\_\_\_\_

How did you hear about the Citizens' Police Academy?  
\_\_\_\_\_

Have you ever been convicted of a felony?  
\_\_\_\_\_



**Standards for Admission**

- Must be 21 years of age.
- Must live in Desoto County, MS.
- Applicants must complete an Enrollment Form, and a background investigation prior to being accepted.
- Must not have any felony convictions.

**RELEASE & WAIVER:** As an applicant for the Olive Branch Police Department Citizens' Police Academy, I am aware of the necessity and I authorize the Police Department to conduct a full inquiry into my criminal history background as to determine my suitability to attend the Citizens' Police Academy. I understand that any felony conviction will disqualify me from the Citizens' Police Academy. I hereby release the Olive Branch Police Department and the City of Olive Branch, their agents, and employees, from any liability or damage which may result from obtaining any and all personal information gathered about me through my voluntary participation in this program. I understand my participation in all portions of the Citizens' Police Academy program is voluntary. I agree to follow academy rules. I agree to assume and indemnify the Olive Branch Police Department and the City of Olive Branch from any and all injuries or damages of any type that I may incur by participating in this program. I also give the Olive Branch Police Department and City of Olive Branch permission to use my photo and/or video for any purpose without compensation to me and such photos and/or video are the sole property of the Olive Branch Police Department. I also understand and agree that I am a volunteer.

I certify that all statements in this form are true, correct and complete to the best of my knowledge. I understand all statements are subject to verification.

Signature: \_\_\_\_\_



*Don Gammage, Chief of Police*

**WHAT:** CITIZENS ACADEMY - CLASS #24

**WHERE:** Olive Branch Police Department  
10470 Hwy 178  
Olive Branch, MS 38654

**WHEN:** February 28, 2019 – May 2, 2019  
Ten weeks meeting on Thursday evening  
Two Saturday morning sessions  
If you are interested in attending, return a completed application to the Police Department. For any questions, please contact the Olive Branch Police Department at 662-892-9400.

**TIME:** 6:30 PM TO 8:30 PM (Thursday's)  
9:00 AM TO 11:00 AM (Saturday's)